Medical: persons 1 to 3

Private. Keep this book where only people we trust will find it.

PERSON 1

Name | **Birth date** | **Blood type** *optional*

Allergies *medicines, foods, latex, stings* | **Ongoing conditions**

Medicines and doses *include over-the-counter medicines, vitamins and supplements*

Doctor *name and phone* | **Specialist** *if there is one*

☐ Medical ID set up on phone

PERSON 2

Name | **Birth date** | **Blood type** *optional*

Allergies *medicines, foods, latex, stings* | **Ongoing conditions**

Medicines and doses *include over-the-counter medicines, vitamins and supplements*

Doctor *name and phone* | **Specialist** *if there is one*

☐ Medical ID set up on phone

PERSON 3

Name | **Birth date** | **Blood type** *optional*

Allergies *medicines, foods, latex, stings* | **Ongoing conditions**

Medicines and doses *include over-the-counter medicines, vitamins and supplements*

Doctor *name and phone* | **Specialist** *if there is one*

☐ Medical ID set up on phone

Medical: persons 4 to 6

Private. Keep this book where only people we trust will find it.

PERSON 4

Name | **Birth date** | **Blood type** *optional*

Allergies *medicines, foods, latex, stings* | **Ongoing conditions**

Medicines and doses *include over-the-counter medicines, vitamins and supplements*

Doctor *name and phone* | **Specialist** *if there is one*

☐ Medical ID set up on phone

PERSON 5

Name | **Birth date** | **Blood type** *optional*

Allergies *medicines, foods, latex, stings* | **Ongoing conditions**

Medicines and doses *include over-the-counter medicines, vitamins and supplements*

Doctor *name and phone* | **Specialist** *if there is one*

☐ Medical ID set up on phone

PERSON 6

Name | **Birth date** | **Blood type** *optional*

Allergies *medicines, foods, latex, stings* | **Ongoing conditions**

Medicines and doses *include over-the-counter medicines, vitamins and supplements*

Doctor *name and phone* | **Specialist** *if there is one*

☐ Medical ID set up on phone